



Office of Faculty Affairs
 102 Blair Hall → Winston-Salem, NC 27110
 Phone: (336) 750-8771 → Fax: (336) 750-2089

PERSONNEL PROFILE INFORMATION - FACULTY OR STAFF

The information requested on this form will be used to establish an employee record on the University's Human Resources System

Name				Casual Name (ex. Bob, Kathy, etc.)				Last 4 digits of SSN			
Department / Office								Department Phone Number			
Are you currently employed by another state agency?		Yes		No		If yes, Name of Agency					
Demographic Information:											
Are you Hispanic or Latino?											
Yes				No				Not Disclosed			
Optional Race Category (Select One or More): NOTE: This information is required if completion of this form is post-hire.											
If you have identified yourself as Hispanic or Latino, you are not required to select an additional category.											
B - Black				I - American Indian or Alaskan Native				W - White			
P - Native Hawaiian / Pacific Islander				A - Asian				Two or More			
Date of Birth						Gender					
Month		Day		Year		Male		Female			
Education Please indicate the highest level of Education you have obtained											
Bachelor's degree				Master's degree				Doctorate			
Professional degree (Law, Medical, etc.)				Other (Please specify)→							
Institution		Major or Field of Study		Degree Name / Level		Date Awarded					
Disposition of Information This information will be entered into the Human Resources Information System. It will be used in preparing annual reports for the UNC General Administration and US Department of Education. Degree information is also needed for accreditation purposes. This information is treated "personal in nature".											
Employee Signature						Date					

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY													
Employee's Relationship to named contact		<input type="checkbox"/> A - Aunt / Uncle				<input type="checkbox"/> F - Father				<input type="checkbox"/> P - Parents			
		<input type="checkbox"/> B - Sibling				<input type="checkbox"/> G - Grandparents				<input type="checkbox"/> R - Grandchild			
		<input type="checkbox"/> C - Child / Children				<input type="checkbox"/> M - Mother				<input type="checkbox"/> S - Spouse			
		<input type="checkbox"/> D - Domestic Partner				<input type="checkbox"/> N - Friend / Neighbor				<input type="checkbox"/> U - Guardian			
		<input type="checkbox"/> E - Embassy				<input type="checkbox"/> O - Other				<input type="checkbox"/> V - Advisor / Sponsor			
LAST Name				FIRST Name				Middle Initial					
Address Lines 1 & 2						City		State		Zip Code			
Contact Telephone Numbers													
Home		Business		Mobile									